

Case Number:	CM13-0047428		
Date Assigned:	12/27/2013	Date of Injury:	03/04/2002
Decision Date:	03/06/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/01/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in Illinois and Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient reported an injury on 03/04/2002. The mechanism of injury was a twisting of her knee while she was mopping her classroom. Her diagnoses include torn medial meniscus of the right knee; traumatic progressive articular cartilage damage to multiple surfaces of the right knee; traumatic articular cartilage and meniscal damage to the left knee, progressive degenerative disc disease of the thoracolumbar spine; occult fractures of the left clavicle and left shoulder; contusion of the right hip; progressive degenerative joint disease of the left hip; progressive degenerative joint disease of the sacroiliac joint; tear of the left hamstring; and infraction and non-placed fracture of the right patella with chondral damage of the right knee and associated synovitis. The patient was noted to have completed 12 previous physical therapy visits on 09/24/2013, and it was noted that her range of motion had improved in knee flexion from 85 degrees to 135 degrees, and her motor strength in her hamstring had increased from +4/5 to 5/5, and in her quadriceps from negative 5/5 to 5/5.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

The request for 12 physical therapy visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: According to the California MTUS Guidelines, physical medicine treatment is recommended at 9 to 10 visits over 8 weeks in the treatment of unspecified myalgia and myositis. The patient was noted to have previously completed 12 physical therapy visits as of 09/24/2013 and was noted to have made some objective functional gains with the treatment. However, as the patient had already exceeded the guidelines' recommended 9 to 10 visits, the request for 12 additional physical therapy visits would require documentation of specific exceptional factors to warrant continued treatment. The clinical information submitted for review failed to specifically address exceptional factors to warrant therapy beyond the guidelines' recommendation. As such, the request is non-certified.